Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3. 07/17/08 Date: Address: 309 CLARK ST Case #: *⋧⋧೯५*335७ AVELIA, IN 46710 County: Type of Laboratory Seizure (check one) Seizure Location (check all that apply) □ Operational Lab | Residence Chemical/Glasswarc/Equipment (only) Hotel/Motel Outbuilding Open - No Structure Dumpsite (only) XVehicle Other: Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Vetter (e Red Phosphorous/Iodine Reaction(s): A Flammable Solvents: Veld=Cle Water Reactive Metal (Lithium): Veltecle Anhydrous Ammonia: _____ Hydrochloric Acid Gas Generator(s): ____ Corrosive Acid: Bab Perom TCorrosive Base: Benkoom Other (item and location):_____ Child under age 18 discovered (check one) Investigative Information Yes 2 (number present) Ephedrine/Pseudoephedrine Tracking Log Retail/Merchaut Tip *If yes, fax report to Child Protective Services Other: This report is to be faxed to the following agencies that serve the location: Fire Department: AVELLA FD Fax: <u>260-</u>897-3295 Health Department: NoBle County

For further information regarding this methamphetamine laboratory, contact Investigating Officer: Phone 360-433-8661

Child Protection Service:

Fax:

This form is to be faxed to the Fire Department, Realth Department and/or Child Protective Services Department listed within 24 hours of scene processing.
*** This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.